

**BURLINGTON COUNTY ENDOSCOPY CENTER, LLC
GASTROENTEROLOGY CONSULTANTS OF SOUTH JERSEY
SOCIETY HILL ANESTHESIA CONSULTANTS
SELF PAY & PAYMENT PLAN AUTHORIZATION FORM**

Patient MRN: _____ Date of Service _____
 Patient Name: _____ Date of Birth: _____
 Address: _____ Home Phone: _____

	Colonoscopy (CS) []	EGD [x]	Colonoscopy + EGD []	Flexible Sigmoidoscopy []
BCEC Fee (facility)	\$500	\$500	\$575	\$250
GCSJ Fee (physician)	\$300	\$300	\$525	\$150
Anesthesia Fee (Society Hill Anesthesia Consultants)	\$100	\$100	\$100	\$100
Total Discounted Fee	\$900	\$900	\$1,200	\$500

To Qualify for the Discounted Fee: I must pay total fee on day of procedure due to each of the above 3 entities at the time of service. If payment is not made in full, your procedure will be canceled

Make payment by check to each entity on the day of procedure at Burlington County EndoscopyCenter.

If payment plan is agreed upon, please send payments as directed below:

BCEC (please bring payment on day of procedure: cash, check, or credit card): \$see above pricing

Burlington County EndoscopyCenter
 PO Box 415282
 Boston, MA 02241-5282

GCSJ: \$see above pricing

Gastroenterology Consultants of South Jersey
 Amherst Commons-Building A-Suite 2, 693 Main Street, PO Box 70, Lumberton, New Jersey 08048-0070
 For payment options other than cash or check, please call: 609-261-1002

Anesthesia: \$100

Society Hill Anesthesia Consultants, P.C.
 P.O. Box 414853, Boston, MA 02241-4853
 For payment options other than cash or check, please call: 1-800-242-1131 ext 4164

Pathology:

Pathology services will be billed separately if specimens are retrieved during procedure.
 Discounted price = FLAT FEE OF \$200

I agree to the above Payment Plan Arrangement. I understand that if I fail to comply with the agreed plan, any discount could be disallowed and the account may be sent to an external collection agency. I understand I am responsible for paying each of the above 3 entities.

Patient Signature: _____ Date _____

Witness: _____ Date _____